

Illinois MIECHV Expectations for Coordinated Intake (CI) Updated April 1, 2013

The State's Vision for Coordinated Intake

- Coordinated Intake should serve as a hub that links families with home visiting services.
- The Coordinated Intake process is dedicated to helping families, from the moment they contact the central location, to the time they are referred, and/or after screening.
- ***MIECHV CI should be inclusive, not separatist: the long-term goal is for Coordinated Intake to act as the single point of entry for 100% of MIECHV and non-MIECHV home visiting programs statewide.***

Coordinated Intake and the HV Referral Process

- CI serves as the repository for all home visiting intakes, and tracks what happens to each referral.
- Referrals to home visiting can be generated from CI workers, from MIECHV home visiting providers, or from non-MIECHV providers and programs.
- Agency self-referrals are allowed: a home visiting program may generate a referral to its own program, as long as it completes the CIAT and sends the CIAT to CI for processing.
- Referrals can be generated solely through CI workers, through each home visiting agency (including internal or self-referrals), or through a combination of the two (see attached "MIECHV Coordinated Intake Flow Chart").
- ***Regardless of the originating source, ALL REFERRALS must go through Coordinated Intake. Only the CI worker will be able to initiate a record in the MIECHV data system.***
- All referrals received by CI workers will be sent to the appropriate home visiting program within 48 business hours.

Role of CI Workers

- The role of CI workers is to assist families by determining the services and supports that are best suited for the family's particular needs, based on self referrals and referrals from other professionals such as primary care providers, hospitals, child care providers, and other social service agencies.
- CI and Community Systems Development (CSD) workers will convene regular meetings of the collaborative to discuss challenges, barriers, and successes of Coordinated Intake.
- A level of trust must be inherent for the CI and CSD to develop and promote their roles within the community and home visiting system. While input into their roles should be discussed by the collaborative, day-to-day functions of both positions are overseen by their chain of command, not by the collaborative.

Coordinated Outreach Materials

- Any document advertising home visiting that is being supported by MIECHV funds will list all of the MIECHV-supported agencies.
- Publications promoting MIECHV home visiting will direct families and referral sources to contact Coordinated Intake to serve as a single point of entry for family support services in the community.

Expectations

- Coordinated Intake is one of the key deliverables listed in MIECHV provider contracts. The Coordinated Intake process must have full support from all levels of management, including the managers of any non-MIECHV funded HV programs within each agency.
- Agencies are expected to support families that are already enrolled in another home visiting program by not making attempts to enroll them in their own home visiting programs.
- ***We expect all agencies and programs to act in the spirit of full and transparent collaboration, with no bullying, holding back of referrals, or unfairly distributing cases across agencies. If we hear of any unfair practices taking place, we will intervene.***